



# **Mind the Gap: Using Immunization Information Tools Strategically**

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**Children's Mercy Hospitals & Clinics**  
Kansas City, MO  
**and**  
**Associate Director for Research**  
Immunization Action Coalition

# 10 Questions on ACIP General Recommendations



Please take out a pen

# *Timing and Scheduling*



1. The minimum interval between DTaP-3 and DTaP-4 is 6 calendar months. Cole's DTaP-4 was administered 5 days before the 6 month interval; the dose was invalid.

*Which of the following is the best response to this situation?*

***1. Which of the following is the best response to this situation?***

- A. Count the dose.**
- B. Restart the DTaP series.**
- C. Repeat DTaP-4 6 months after the valid 3<sup>rd</sup> dose of DTaP.**
- D. Repeat DTaP-4 6 months after the invalid 4<sup>th</sup> dose of DTaP.**

***1. Which of the following is the best response to this situation?***

- A. Count the dose. *DTaP-4 does not need to be repeated if the interval was at least 4 months.***
- B. Restart the DTaP series.**
- C. Repeat DTaP-4 6 months after the valid 3<sup>rd</sup> dose of DTaP.**
- D. Repeat DTaP-4 6 months after the invalid 4<sup>th</sup> dose of DTaP.**

2. The minimum age for Varicella-dose 1 is 12 months of age. Chase's Varicella-1 was administered 5 days before his first birthday; the dose was invalid.

*Which of the following is the best response to this situation?*

***2. Which of the following is the best response to this situation?***

- A. Fire the nurse who messed this up.**
- B. Only advise the mother to keep Chase away from people with chickenpox.**
- C. Repeat Varicella-1 at least 4 weeks after the invalid dose.**
- D. Repeat Varicella-1 asap so Chase will be protected asap.**



## ***2. Which of the following is the best response to this situation?***

- A. Fire the nurse who messed this up.
- B. Only advise the mother to keep Chase away from people with chickenpox.
- C. **Repeat Varicella-1 at least 4 weeks after the invalid dose.**
- D. Repeat Varicella-1 asap so Chase will be protected asap.

**3. Potential advantages of combination vaccines include improved vaccine coverage rates, but their use may lead to “extra-vaccination.”**

	Birth	2 mos	4 mos	6 mos
Hep B	✓	✓	✓	✓
DTaP		✓	✓	✓
IPV		✓	✓	✓

3. Potential advantages of combination vaccines include improved vaccine coverage rates, but their use may lead to “extra-vaccination.”

*Which of the following is NOT one of the factors that ACIP recommends considering when balancing the risks and benefits of extra-vaccination?*

***3. Which of the following is NOT one of the factors that ACIP recommends considering when balancing risks & benefits of extra-vaccination?***

- A. Is the extra antigen contraindicated?**
- B. Will VFC cover the combination vaccine if a single antigen vaccine is licensed?**
- C. How reactogenic is the extra antigen?  
(e.g., Hib & Hep B – low, tetanus –higher)**
- D. Is the vaccine with the needed antigen readily available without the extra antigen.**

***3. Which of the following is NOT one of the factors that ACIP recommends considering when balancing risks & benefits of extra-vaccination?***

- A. Is the extra antigen contraindicated?
- B. **Will VFC cover the combination vaccine if a single antigen vaccine is licensed?**
- C. How reactogenic is the extra antigen?  
(e.g., Hib & Hep B – low, tetanus –higher)
- D. Is the vaccine with the needed antigen readily available without the extra antigen.

**4. Dale is a healthy girl who had only 1 dose of pneumococcal vaccine in the first year of life. Now she is 22 months old.**

***Of the following, which is best for Dale?***

See the sheet in your packet:  
Recommendations for Pneumococcal Vaccine  
Use in Children

***4. Of the following, which is best for Dale?***

- A. 1 dose now, 2 more  $\geq$  8 weeks apart**
- B. 1 dose now, another  $\geq$  8 weeks from now**
- C. 1 dose now (this is the last needed dose)**
- D. Consider 1 dose of PCV23**

***4. Of the following, which is best for Dale?***

- A. 1 dose now, 2 more  $\geq$  8 weeks apart
- B. **1 dose now, another  $\geq$  8 weeks from now**
- C. 1 dose now (this is the last needed dose)
- D. Consider 1 dose of PCV23

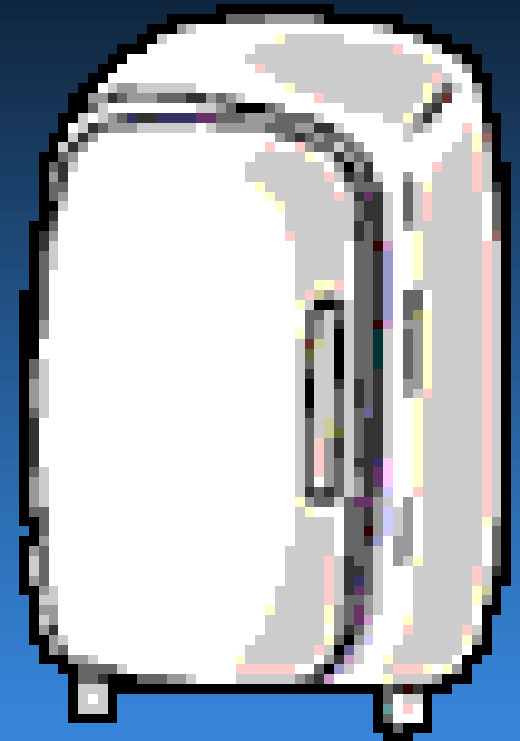


# ***What is a month?***

- 28 days?
- 30 days?
- 30.5 days?
- A calendar month?

***Relief is on its way, thanks to computers!***

## *Storage and Handling*



***Storage and Handling  
or  
“When don’t you want to  
be the biggest loser?”***



# 5. The ACIP General Recommendations include a temperature log. The KS version is shown here.

**Temperature Log for Vaccines (Fahrenheit)** → → → VFC PIN #: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Days 1-15

Place an "X" in the box that corresponds with the temperature. The hashed zones represent unacceptable temperature ranges. If the temperature recorded in the this zone: 1. Store the vaccine order proper conditions as quickly as possible; 2. Call the vaccine manufacturer(s) to determine whether the potency of the vaccine(s) has been affected; 3. Call the Kansas Immunization Program at 785-296-5591 for further assistance; 4. Document the action taken in the section provided below. → → → → → Rev 2-74-D4

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Exact Time															
F Temp															
≥49°															
48°															
47°															
46°															
45°															
44°															
43°															
42°															
41°															
40°															
39°															
38°															
37°															
36°															
35°															
34°															
33°															
32°															
31°															
30°															
29°															
≤28°															
Freeze Temp															
>8°															
7°															
6°															
5°															
4°															
≤3°															
Staff Initials															

**Take Immediate Action if Temperature is in the Shaded Area!**

**Take Immediate Action if Temperature is in the Shaded Area!**

Vaccine Storage Troubleshooting Report - (If additional space needed, attach documentation.)

Date	Time	Unit Temp	Problem	Action Taken	Results	Initials

***5. Which of the following is a Storage and Handling error that has been documented in several pediatric offices in KS and/or MO ?***

- A. Not documenting temperatures 2 times daily.**
- B. Recording out-of-range temperatures, but not noticing.**
- C. Recording out-of-range temperatures, but not doing anything about it.**
- D. Not knowing what the appropriate temperature is even though it is on the temperature log.**
- E. All of the above**

***5. Which of the following is a Storage and Handling error that has been documented in several pediatric offices in KS and/or MO ?***

- A. Not documenting temperatures 2 times daily.
- B. Recording out-of-range temperatures, but not noticing.
- C. Recording out-of-range temperatures, but not doing anything about it.
- D. Not knowing what the appropriate temperature is even though it is on the temperature log.
- E. **All of the above**

**6. Which of the following is an acceptable vaccine storage practice?**

***6. Which of the following is an acceptable vaccine storage practice?***

- A. Vaccine being stored in a refrigerator with water bottles to stabilize temperatures**
- B. Vaccine being stored in a dorm style refrigerator**
- C. Vaccine being stored in the crisper and/or meat drawers**
- D. Vaccine being stored in a refrigerator with staff food/beverages**



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- A. Vaccine being stored in a refrigerator with water bottles to stabilize temperatures**
- B. Vaccine being stored in a dorm style refrigerator**
- C. Vaccine being stored in the crisper and/or meat drawers**
- D. Vaccine being stored in a refrigerator with staff food/beverages**

**7. If they are frozen,  
non-lyophilized, aluminum-adjuvanted vaccines  
may undergo irreversible loss of potency.**

***Which of the following is FINE to administer  
after exposure to freezing temperatures ?***

***7. Which of the following is fine to give after being exposed to freezing temperatures ?***

- A. HPV vaccine**
- B. Hep A and Hep B vaccine**
- C. MMR vaccine**
- D. PCV vaccine**
- E. D, T, or P-containing vaccines**

***7. Which of the following is fine to give after being exposed to freezing temperatures ?***

- A. HPV vaccine
- B. Hep A and Hep B vaccine
- C. **MMR vaccine**
- D. PCV vaccine
- E. D, T, or P-containing vaccines

## ***Other important things to remember***

- **No overcrowding in the storage unit**
- **Rotate stock when vaccines with longer expiration dates are received**
- **Use thermometers that are certified or calibrated and not expired**
- **Keep varicella vaccine in the freezer**



# Storage & Handling Horror Stories:

## *Gruesome Tales from the Mid-West*

# ***Storage & Handling Horror Stories***

- **Revaccination due to temperature problems**
- **The importance of having vaccine management policies and emergency management for vaccine storage**
- **Staff turnover -new employee was never told that temperatures need to be documented for the vaccine storage unit. She was there for a month with no temperature documentation**

# ***MORE Storage & Handling Horror Stories***

- Household refrigerator overloaded with vaccine so they stored vaccine in the door, bins and emptied the pre-filled syringes into the basket to save room
- MMR exposed to light
- Varicella transported to a school clinic and improperly stored

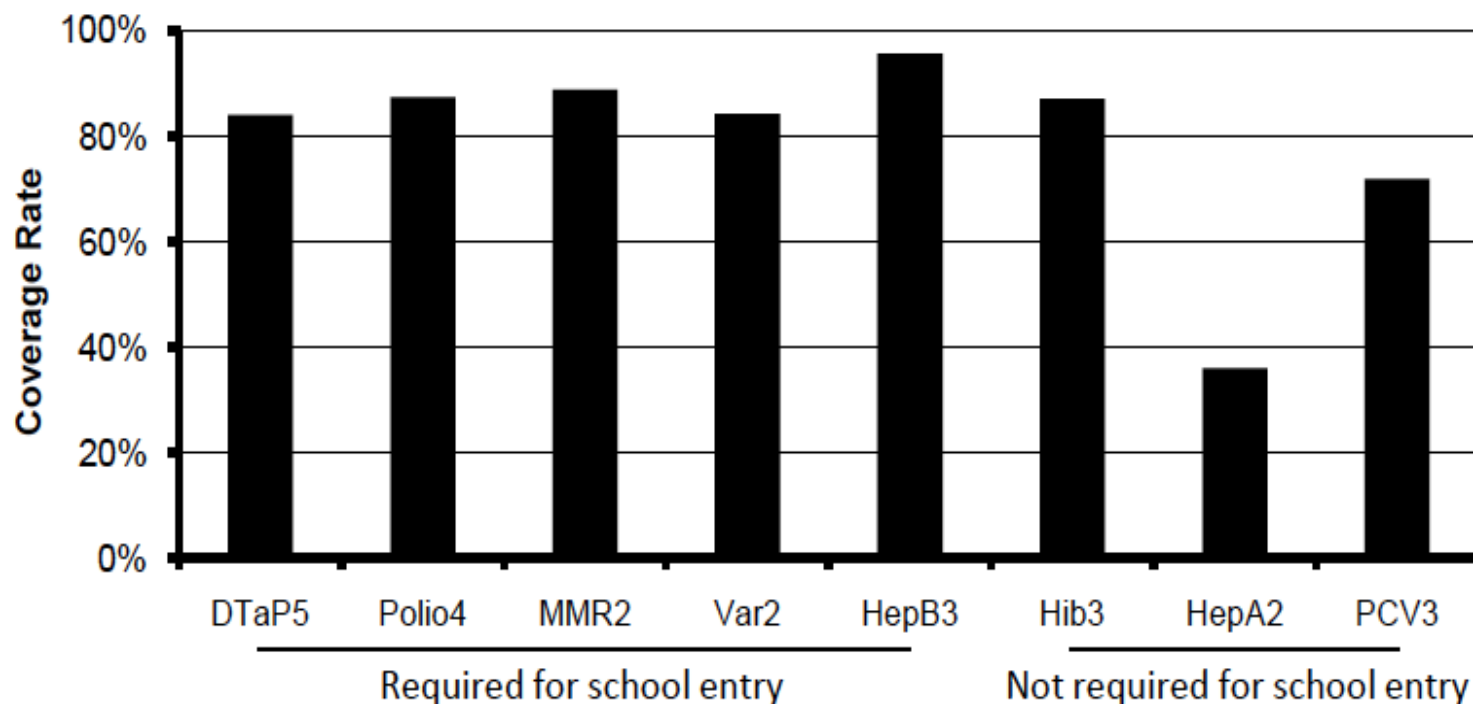


***Learn from the mistakes of others.  
You can't live long enough  
to make them all yourself.***

***Eleanor Roosevelt  
US diplomat & reformer  
1884-1962***

# *Immunization rates of kindergarten students at school entry, KS, 2009*

**Figure 1** Immunization coverage rates of kindergarten students at school entry, Kansas 2009-2010.



\* Based on kindergarten survey from school year starting in 2009.

# Childhood Immunization Coverage by State, NIS 2009

	4+DTaP	3+Polio	1+MMR	3+Hib	3+PCV	Rotavirus
<b>USA</b>	83.9±1.0	92.8±0.7	90.0±0.8	83.6±1.0	92.6±0.7	43.9±1.4
<b>MO</b>	78.4±6.2	87.5±5.5	88.8±5.0	79.9±6.2	86.1±5.9	46.9±7.1
<b>KS</b>	87.2±5.9	93.8±4.4	92.5±4.6	86.7±6.3	91.5±4.9	39.7±8.1
<b>Highest state</b>	91.3±3.6 MI	98.1±1.5 LA	94.7±2.7 TN	97.1±2.3 NH	98.8±1.0 CT	71.2±7.3 RI
<b>Lowest state</b>	73.1±6.6 AR	85.8±4.8 NV	81.8±6.0 AR	58.8±9.7 CT	84.5±4.9 NV	20.9±4.7 WA

[http://www2a.cdc.gov/nip/coverage/nis/nis\\_iap2.asp?fmt=v&rpt=tab02\\_antigen\\_iap&qtr=Q1/2009-Q4/2009](http://www2a.cdc.gov/nip/coverage/nis/nis_iap2.asp?fmt=v&rpt=tab02_antigen_iap&qtr=Q1/2009-Q4/2009)

Even with good rates, there can be  
clusters of under-immunization

# Estimated # - No MMR\*

Los Angeles, CA	13636 ( $\pm 2576$ )	n = 1847
Harris, TX	11205 ( $\pm 2001$ )	n = 2254
Cook, IL	9666 ( $\pm 1768$ )	n = 2476
Maricopa, AZ	9661 ( $\pm 1638$ )	n = 1782
Clark, NV	6520 ( $\pm 1087$ )	n = 1249
Dallas, TX	5946 ( $\pm 1045$ )	n = 1867
San Diego, CA	5251 ( $\pm 2324$ )	n = 1187
Orange, CA	4841 ( $\pm 2700$ )	n = 199
Wayne, MI	4105 ( $\pm 1165$ )	n = 1590
San Bernardino, CA	3864 ( $\pm 1543$ )	n = 606
Kings, NY	3770 ( $\pm 1121$ )	n = 613
Bexar, TX	3574 ( $\pm 657$ )	n = 1885
Hillsborough, FL	3212 ( $\pm 1719$ )	n = 182
Tarrant, TX	3181 ( $\pm 1947$ )	n = 189
Miami-Dade, FL	3040 ( $\pm 683$ )	n = 1689
King, WA	2979 ( $\pm 677$ )	n = 1427
Broward, FL	2440 ( $\pm 1579$ )	n = 220
Santa Clara, CA	2301 ( $\pm 860$ )	n = 1278
Alameda, CA	2207 ( $\pm 1020$ )	n = 655
Oakland, MI	2187 ( $\pm 887$ )	n = 254

2187

13636

Number

Unvaccinated

# ***From 2007 - 2010 no cases of confirmed measles in Kansas***

- In 2011, 6 confirmed cases of measles
- All in the Kansas City metro area
- All in unvaccinated children
- 1<sup>st</sup> reported case was in 18 year old
  - → Spread it to her unvaccinated siblings
  - During the investigation 3 more cases were identified in a child care facility where the 18 yr old had visited

## ***All 3 daycare cases...***

- **Had onset prior to the 18 year old**
- **Were not old enough to be vaccinated**
- **Had received medical treatment (and one was hospitalized) but no one suspected measles until after the last cases in the older children were identified.**
- **SOURCE of exposure has yet to be identified**

*Sometimes bridging the gap is not easy...*



*...or comfortable*

**8. An office manager is a real vaccination champion and she wants to bring her office's rates up.**

***Of the following, which is NOT strongly recommended by the Task Force on Community Preventive Services?***



***8. Which is NOT strongly recommended by the Task Force on Community Preventive Services?***

- A. Client reminder or recall systems**
- B. Provider reminder systems**
- C. Reducing out of pocket costs**
- D. Use standing orders**
- E. Attend conferences and then do nothing differently when you get back to your office**

***8. Which is NOT strongly recommended by the Task Force on Community Preventive Services?***

- A. Client reminder or recall systems
- B. Provider reminder systems
- C. Reducing out of pocket costs
- D. Use standing orders
- E. ~~Attend conferences and then do nothing differently when you get back to your office~~

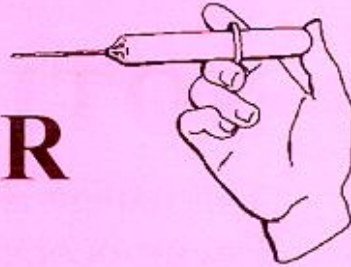
# ***Patient Reminder /Recall Messages $\uparrow$ Immunization Rates***



Szilagyi PG. JAMA 2000; 284:1820.

CULVER MEDICAL GROUP  
READII ROCHESTER

# REMEMBER



This patient is due for  
pneumococcal vaccine!!!

Patient name: \_\_\_\_\_

- ☐ No previous vaccination
- ☐ Vaccine given before 65 years and  $\geq 5$  years since last vaccine

- ☐ Vaccine given
- ☐ Vaccine not given:
- ☐ Patient did not keep appointment
  - ☐ Patient refused
  - ☐ Patient previously vaccinated
  - ☐ Contraindication  
(specify): \_\_\_\_\_
  - ☐ Provider forgot

•What?

•Who?

•When?

# Standing Orders Are Among the Most Effective Strategies

## STANDING ORDER

Annual influenza immunization for all high-risk persons and other individuals who wish to reduce the likelihood of becoming ill with influenza is recommended by the Centers for Disease Control and Prevention and the Minnesota Coalition for Adult Immunization. A standing order to immunize high-risk patients, or patients not at high risk but requesting influenza immunization, and who are hospitalized or receiving services is provided below.

### To Be Completed by Nurse/Pharmacist

#### RISK CATEGORY:

☐ Patient is "High Risk" due to:

- ☐ Age 50 or older
- ☐ History of heart disease, lung disease, diabetes, or other chronic medical condition

☐ Patient is not "High Risk"

#### COMPLETE IF PATIENT AT "HIGH RISK" or not high-risk but requests influenza immunization:

☐ Influenza Vaccine not indicated for this patient due to:

- ☐ Previous immunization this influenza season
- ☐ Serious allergies to eggs
- ☐ Previous severe reaction to influenza vaccine
- ☐ Acute febrile illness
- ☐ Refusal of vaccine by patient because he/she:
  - ☐ Believes not at risk for disease
  - ☐ Believes immunization doesn't work
  - ☐ Fear of adverse effects
  - ☐ Wants further advice (e.g. physician, family)
  - ☐ Would rather receive elsewhere
  - ☐ Other reason: \_\_\_\_\_

☐ Not indicated for other reason (explain) \_\_\_\_\_

☐ Influenza Vaccine Indicated. Give Influenza Vaccine Information Statement and Influenza Vaccine 0.5 mL IM if 13 years or older. (If patient is 12 years or younger, contact attending MD for order and refer to Pediatric Dosing Guidelines.)

Information Collected by \_\_\_\_\_ Date \_\_\_\_\_

## INFLUENZA IMMUNIZATION ORDERS

➤ What: Non-MDs offer & give vaccines without direct MD involvement

➤ How: Written policies

➤ Where: office, hospital, residential care

**TABLE 15. Recommendations regarding interventions to improve coverage of vaccines recommended for routine use among children, adolescents, and adults**

Intervention	Recommendation
<b>Increase community demand for vaccination</b>	
Client reminder or recall systems	Strongly recommended
Multicomponent interventions, including education	Strongly recommended
Requirements for entry to schools, child-care facilities, and colleges	Recommended
Community education alone	Insufficient evidence
Clinic-based education	Insufficient evidence
Patient or family incentives or sanctions	Insufficient evidence
Client-held medical records	Insufficient evidence
<b>Enhance access to vaccination services</b>	
Reducing out-of-pocket costs	Strongly recommended
Enhancing access through the U.S. Department of Agriculture's Women, Infants, and Children program	Recommended
Home visits, outreach, and case management	Recommended
Enhancing access at schools	Recommended
Expanding access in health care settings	Recommended as part of multicomponent interventions only
Enhancing access at child care centers	Insufficient evidence
<b>Focus on providers</b>	
Reminder or recall systems	Strongly recommended
Assessment and feedback	Strongly recommended
Standing orders	Strongly recommended
Provider education alone	Insufficient evidence

Source: Adapted from Task Force on Community Preventive Services. Recommendations regarding interventions to improve vaccination coverage in children, adolescents and adults. *Am J Prev Med* 2000;18:92–6, and Task Force on Community Preventive Services. Recommendations to improve targeted vaccination coverage among high-risk adults. *Am J Prev Med* 2005;28:231–7.

**9. The ACIP General Recommendations cover a host of important topics, including Timing & Scheduling and Storage & Handling as we've discussed today.**

***Which of the following NOT discussed in the General Recs?***

## ***9. Which is NOT discussed?***

- A. Combinations**
- B. Contraindications**
- C. Route of administration**
- D. Bill Atkinson's birth place**
- E. Allergies**
- F. Breastfeeding and pregnancy**
- G. Persons vaccinated outside the US**
- H. Vaccine records**
- I. IIS**
- J. Increasing rates**
- K. Vaccine safety**
- L. Communicating with parents**



*Like some other great works, the General Recs Summary is more widely owned than read.*



Do we need to advertise?



*Just read it.*



General Recs:  
less bark,  
more wag




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## AUSTIN-BERGSTROM INTERNATIONAL AIRPORT (AUS)



*"Relax, you're in **Austin**"...*

### Arrive Early in the Terminal



**2 hours if flying before 8 a.m.**  
**90 minutes if flying after 8 a.m.**  
 TSA Checkpoints open at 4 a.m.

### News

- [April 2011 Passenger & Air Cargo traffic](#)
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***10. Does MMR cause autism?***

# ***1. Does MMR cause autism?***

➤ In 2004 IOM reviewed 14 available studies

- **12 negative:**

- 9 controlled observational

- 3 ecological

- 2 passive reporting (Finland)

- **2 positive: both by Geier & Geier**

**Their conclusion: Evidence favors rejection of a causal relationship**

## ***Does MMR cause autism? (cont.)***

**Subsequently 2 lab studies showed  
no evidence of measles virus persistence in  
the peripheral blood mononuclear cells of  
children with ASD**

# ***What causes autism?***

## ➤ **Genetics**

- **Identical twins; siblings**
- **A gene on the X chromosome? - Fragile X is a known cause**
- **Deletion of 593 kb on chromosome 16p11.2**
- **Brain cell communication gene**
- **Father over 40**
- **Certain psychiatric dxn in parent**



# ***What causes autism? (continued)***

- **Genetics**
- **Prenatal insults (day 20-24 of gestation)**
  - **Thalidomide**
  - **Natural congenital rubella**
  - **Other possibilities: high folic acid level in father's sperm?**
- **Gestational age at birth <35 weeks**

# ***Autism appears to be based on something a child is born with***

- **Abnormal brain growth**
- **Abnormal brain proteins as newborns**
- **Home movie studies**


# Autism Science Foundation

Autism Science Foundation - Current Research and News

http://www.autismsciencefoundation.org/ Autism Science Foundation

Address Book Apple in Eastview MC Library PubMed RoadRunner Pandora Hulu BubbleB NBA iDisk IAC G-Maps Travelocity Little Theater

Autism Science Foundation - Curr...




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### Revving Up Support at the AML Bikers for Charity Ride

Taking off on **Monday, June 13**, the ride will start in Rockville Centre, NY and wind along the coast to the Montauk Point Lighthouse. The [100 mile ride](#) will raise awareness and donations for autism science.



AML Bikers for Charity June 13, 2011

Volunteer ride organizer **Barry Koch** has selected ASF as a beneficiary for the second year in a row. This ride has raised thousands of dollars for outstanding charities over the years.

To register for the ride email [amlbikersforcharity@gmail.com](mailto:amlbikersforcharity@gmail.com) and [make a donation](#) to support an individual rider. Remember that many employers have matching-gift programs which can double or triple the impact of a donation. As a 501(c)3 nonprofit, ASF is eligible for many matching-gift programs of corporations, foundations and other organizations.

3 errors occurred in opening the page. For more information, choose Window > Activity.

<http://www.kdheks.gov/immunize/>

Kansas Department of Health and Environment - Immunization Program

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Kansas Department of Health and...



**The Kansas Department of Health and Environment**  
Sam Brownback, Governor - Robert Moser, MD, Secretary  
Curtis State Office Building, 1000 SW Jackson, Topeka, Kansas 66612  
Phone (785) 296-1500. Fax: (785) 368-6368. Email: [info@kdheks.gov](mailto:info@kdheks.gov)

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**Immunization Program**

["What's Happening"](#) [Vaccine Redistribution](#) [Immunization Manual](#) [Buzz Newsletter](#)

**Welcome to the Kansas Immunization Program!**  
The Kansas Immunization Program is committed to keeping Kansans free of vaccine preventable diseases.



**Beewise Immunize and Governor Brownback**



## The Kansas Department of Health and Environment

Sam Brownback, Governor - Robert Moser, MD, Secretary  
Curtis State Office Building, 1000 SW Jackson, Topeka, Kansas 66612  
Phone (785) 296-1500. Fax: (785) 368-6368. Email: [info@kdheks.gov](mailto:info@kdheks.gov)

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[Seasonal Influenza \(Flu\)](#)
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## School Information

### 2011-2012 SCHOOL & CHILD CARE IMMUNIZATION INFORMATION

- [School & Child Care Immunization Requirements for 2011-2012 \(.pdf\)](#) **NEW**
- [2011-2012 School Entry Requirements Cheat Sheet \(.pdf\)](#) **NEW**  *courtesy of Jefferson County Health Department*
- [Kansas Certificate of Immunization \(KCI\) \(.pdf\)](#) - **Immunizations Required For School Entry** **NEW**
- [Kansas Certificate of Immunizations - Form B \(Medical Exemptions\) \(.pdf\)](#) **NEW**
- [Retrospective Immunization Coverage Survey 2008-2009 School Year \(.pdf\)](#) **NEW**
- [Kansas Immunization Regulations for School & Childcare, published June 26, 2008 \(.pdf\)](#)
- [Kansas Classroom Handbook of Communicable Diseases \(.pdf\)](#)
- [Kansas Statutes Related to School Immunizations \(.pdf\)](#) **NEW**
- [Additional Kansas Statutes Related to Immunizations \(.pdf\)](#)



### POLIO VACCINE- IMPORTANT INFO FOR SCHOOL COMPLIANCE

The 2011 ACIP Immunization Recommended Schedule ([http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2011/11\\_0-6yrs-schedule-pr.pdf](http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2011/11_0-6yrs-schedule-pr.pdf)) reflects the 2009 updated recommendations of the ACIP regarding routine poliovirus vaccination ([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s\\_cid=mm5830a3\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a3.htm?s_cid=mm5830a3_e)). The final dose in the IPV series should be administered at age 4 years or older and the minimum interval from dose 3 to dose 4 is extended from 4 weeks to 6 months. Communication received from CDC stated that there was no recommendation to make this retroactive before August 7, 2009 when the recommendation was published. The 4 yr minimum age and 6 month minimum interval applies to current vaccination activity for

# Jefferson County developed this great tool:

## Immunization Requirements for the 2011 - 2012 School Year

K.A.R. 28-1-20 defines immunizations required for any individual who attends school or a childcare program operated by a school. There are changes in requirements for immunizations for the upcoming school year. Please carefully review the requirements below. The usual number of doses required are listed; however there are exceptional circumstances that could alter the number of doses a child needs. If you have questions about your child's immunization status, contact your child's primary care provider or local health department.



***Proof of receiving the immunizations must be provided to the school prior to attending the first day of school.***

Early Childhood Program Operated by a School Ages 4 years and Under	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	4 doses
IPV (polio)	3 doses
MMR (measles, mumps, rubella)	1 dose
Varicella (chickenpox)	1 dose*
Hepatitis A	2 doses
Hepatitis B	3 doses
Hib (haemophilus influenza type B)	3 doses
Prevnar (pneumococcal conjugate)	4 doses

Kindergarten - Grade 2	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	2 doses*
Hepatitis B	3 doses

Grades 3 - 6	
Vaccine	Requirement
DTaP/DT (diphtheria, tetanus, pertussis)	5 doses
IPV (polio)	4 doses

Grades 8 - 9	
Vaccine	Requirement
Tdap	1 dose***
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grades 10 - 11	
Vaccine	Requirement
Tdap	1 dose****
IPV (polio)	4 doses
MMR (measles, mumps, rubella)	2 doses
Varicella (chickenpox)	1 dose**
Hepatitis B	3 doses

Grade 12	
Vaccine	Requirement
Tdap	1 dose****
IPV	4 doses
MMR (measles, mumps, rubella)	2 doses

***Additional ACIP Recommended Vaccines  
NOT REQUIRED for School Entry***

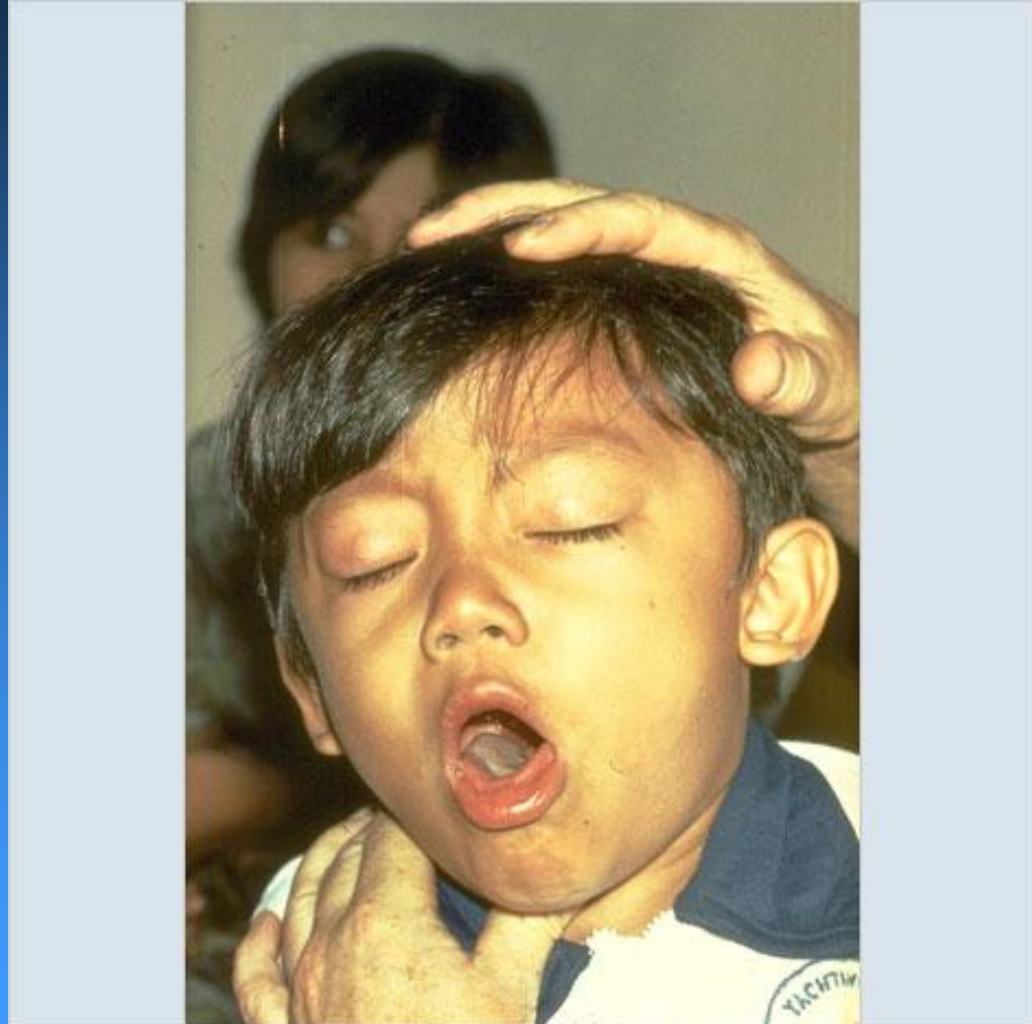


# *Why are these requirements important?*



**All images are courtesy of the  
IAC Image Library**

<http://www.vaccineinformation.org/video/pertussis.asp>





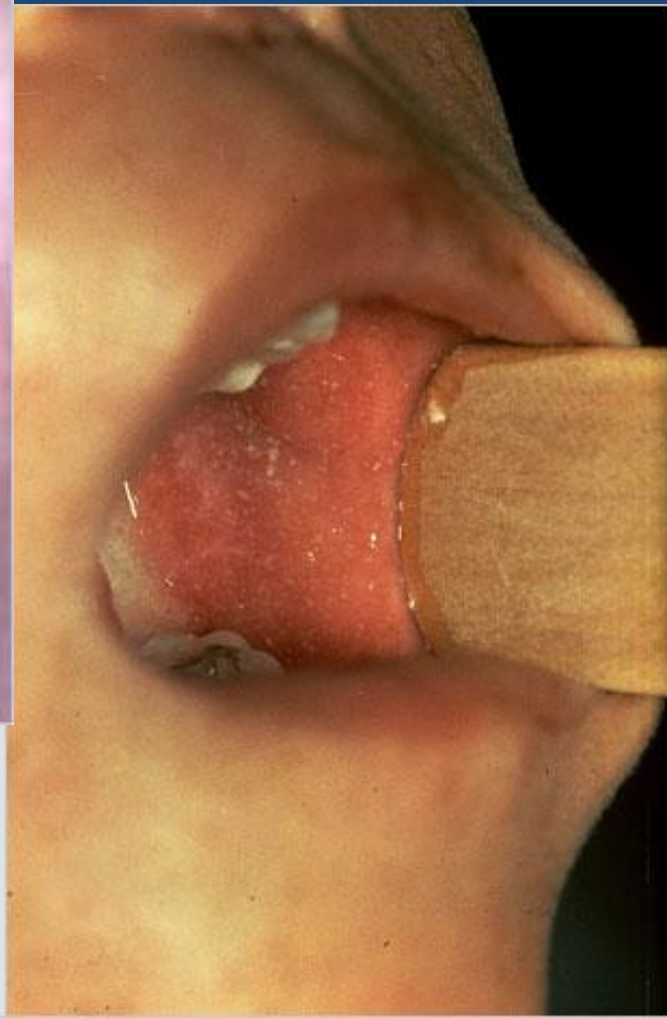
# ***Measles***



# ***Measles***

- **Generalized exanthem**
- **Rash appears on 4th to 7th day of illness**
- **Classic triad of cough, coryza, conjunctivitis**
- **Starting on head and progressing caudally**
- **Classic Koplik spots are transient and often gone by the time the rash is present**
- **Diagnosis is made by serology or viral culture of NP secretions**

# ***Measles (Continued)***



# ***Tetanus***





***Some vaccines are recommended  
and worth giving even though they  
are not required for school!***

➤ **Influenza**

***Some vaccines are recommended  
and worth giving even though not  
required for school or daycare!***

- Influenza
- Rotavirus



***Some vaccines are recommended  
and worth giving even though they  
are not required for school!***

➤ Influenza

➤ Rotavirus

➤ HPV

***Some vaccines are recommended  
and worth giving even though they  
are not required for school!***

- Influenza
- Rotavirus
- HPV
- MCV4





***Who is worthy of quality care?***

# <http://www.kdheks.gov/immunize/>

Kansas Department of Health and Environment - Immunization Program

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Kansas Department of Health and...



**The Kansas Department of Health and Environment**  
Sam Brownback, Governor - Robert Moser, MD, Secretary  
Curtis State Office Building, 1000 SW Jackson, Topeka, Kansas 66612  
Phone (785) 296-1500. Fax: (785) 368-6368. Email: [info@kdheks.gov](mailto:info@kdheks.gov)

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**Immunization Program**

["What's Happening"](#) [Vaccine Redistribution](#) [Immunization Manual](#) [Buzz Newsletter](#)

**Welcome to the Kansas Immunization Program!**  
The Kansas Immunization Program is committed to keeping Kansans free of vaccine preventable diseases.



**Beewise Immunize and Governor Brownback**

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## The Kansas Department of Health and Environment

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# Key Books on Vaccination

